

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/594837

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		2				
4		①				
5		①				
6		1				
7						
8		①				
9		①				
10		①				
11		①				
12		①				
13		①				
14		①				
15		①				
16		①				
17	1		1			
18		2	1			
19		2				
20		1				
21		1				
22	1		1			
23	1					
24		1				
25		1				
26		3				
27		3				
28	1					
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49						
50						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	16	←		←
TOTAL CLAIMS			20			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						